

**TRANSCRIPT
ORDER FORM**

07/01/08

COURT

ORDER NUMBER

**Trial Court of Massachusetts
Office of Transcription Services**Court Department: ☐ BMC ☐ Housing ☐ Superior**PART I - TO BE COMPLETED BY PERSON PLACING ORDER**

A copy of a COURT ALLOWED MOTION, COURT ORDER, NOTICE OF APPEAL, or REQUEST to Prepare the Transcript must be attached to this Order Form. Forward this Order Form and the attachment to OTS via mail or fax.

NAME, ADDRESS, TELEPHONE, AND E-MAIL OF PERSON PLACING ORDER

NAME OF CASE

DOCKET NUMBER OF CASE

NUMBER OF
TRANSCRIPTS
ORDERED

DATE(S) OF PROCEEDING(S)

IS THIS PROCEEDING PRESENTLY PENDING ON APPEAL?

☐ YES ☐ NO

Copies are for:

☐ Regular Transcript ☐ Daily Transcript ☐ Indigent Transcript

NAC NUMBER

Regular Transcript is \$3.00 per page for the original and \$1.00 per page for copies.
Daily Transcript is \$4.50 per page for the original and \$1.50 per page for copies.
Indigent Transcript is \$3.00 per page for the original, \$1.00 per page for the first copy,
and \$0.10 per page for additional copies. NAC NUMBER MUST BE PROVIDED.

Portions Requested:

☐ Entire Proceeding ☐ Opening Statement (D) ☐ Opening Statement (P)☐ Closing Argument (D) ☐ Closing Argument (P) ☐ Opinion Of Court☐ Jury Instructions ☐ Sentencing ☐ Bail Hearing ☐ Voir Dire ☐ Plea☐ Testimony ☐ Pre-Trial Proceeding

Specify

Specify

☐ Other

Specify

Check One:

☐ Asst. Atty. Gen ☐ Dist. Atty. ☐ Asst. Dist. Atty. ☐ Clerk☐ CPCS Atty. ☐ Appellant ☐ Appellee ☐ Bar Advocate ☐ Other

Specify

ADDITIONAL COMMENTS:

I AGREE TO OBSERVE THE RESTRICTIONS ON THE USE OF SUCH TRANSCRIPT
COPIES IN COOPERATION WITH THE OFFICE OF TRANSCRIPTION SERVICES.

Signature of Person Placing Order / Date

OTS PERSONNEL ONLY:

DATE ORDER RECEIVED DATE SENT TO CLERK / COURT RECORDER

Is the Case Docket attached to the Order Form? ☐ YES ☐ NO Is a Motion/Order/Appeal/Request attached to the Order Form? ☐ YES ☐ NO

PART II - TO BE COMPLETED BY THE CLERK / COURT RECORDER

NAME OF THE CLERK / COURT RECORDER

COURT/ ROOM

CD NO.

DATE
RECORDEDBEGINNING TIME
STAMPENDING TIME
STAMP

JUDGE

SPECIAL INSTRUCTIONS
OR COMMENTS

For additional space, please see reverse side of form.

ORDERS WILL BE RETURNED IF TIME STAMPS ARE NOT PROVIDED.

CD COPIED BY (Print Clearly)

DATE COPIED ON

TO BE COMPLETED BY THE COURT RECORDER ONLY:

Are the Log Notes, Exhibit, Jury and/or
Witness Lists attached to the Order Form?

☐ YES ☐ NO

DATE ORDER RECEIVED

DATE ORDER SENT TO OTS

THESE DOCUMENTS MUST BE ATTACHED TO THIS FORM.**PART III - TO BE COMPLETED BY THE OFFICE OF TRANSCRIPTION SERVICES (OTS)**

OTS RECEIPT STAMP

DATE ASSIGNED TO
TRANSCRIBER

TRANSCRIBER NAME

EXPECTED RETURN
DATE OF TRANSCRIPTOFFICE OF TRANSCRIPTION SERVICES, Two Center Plaza, 9th Floor, Boston MA, 02108, Tel: 617-878-0225 Fax: 617-878-0762E-mail: ots@jud.state.ma.usWebsite: www.mass.gov/courts/admin/ots

INSTRUCTIONS

Instructions to the Person Placing Order: Fill in Part I of this form. Use a separate form for each case and for each person requesting a transcript. **A COPY OF A COURT ALLOWED MOTION, COURT ORDER, NOTICE OF APPEAL, OR REQUEST TO PREPARE THE TRANSCRIPT MUST BE ATTACHED TO THIS ORDER FORM.** If the proceeding is pending on appeal, you must notify all other parties of your request so that multiple copies may be made simultaneously whenever possible. (*You may photocopy this form for that purpose, if there is more than one other party.*) Present the original form to the Office of Transcription Services.

Instructions to the Clerk/Court Recorder: Please fill in Part II and keep in mind that requests will be returned if time stamps, and if applicable Log Notes, Exhibit, Jury, and/or Witness Lists are not provided.

ESTIMATED COST OF TRANSCRIPT(S):

Estimated Total Pages

Approximate Length of Proceedings: _____ x 40 pph = _____
Total Time

TYPES OF ORDERS	PAGES	EST. COST	EST. COST x 50% =	DEPOSIT
Regular (original)	\$3.00x _____	= \$ _____	\$ _____ x 50% = \$ _____	
Regular (copies)	\$1.00x _____	= \$ _____	\$ _____ x 50% = \$ _____	
Daily (original)	\$4.50x _____	= \$ _____	\$ _____ x 50% = \$ _____	
Daily (copies)	\$1.50x _____	= \$ _____	\$ _____ x 50% = \$ _____	
Indigent (original)	\$3.00x _____	= \$ _____	\$ _____ x 50% = \$ _____	
Indigent (first copy)	\$1.00x _____	= \$ _____	\$ _____ x 50% = \$ _____	
Indigent (additional copies)	\$0.10x _____	= \$ _____	\$ _____ x 50% = \$ _____	

NAC NUMBER MUST BE PROVIDED FOR INDIGENT TRANSCRIPT REQUESTS.

PART II - TO BE COMPLETED BY THE CLERK/COURT RECORDER (if applicable)

[illegible]